CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
52269

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of ..... Registration District No. ..... Registered No. .....
(For use of Local Reistrar)

or

City of ..... (No. ....., ... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE BIRTH March 3 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Wm B Ellis	(14) NAME BEFORE MARRIAGE Addie Smart
(9) PRESENT POSTOFFICE OF FATHER Greenville SC	(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE NC
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 237 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Meek

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... 191.... (28) C. E. Smith
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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FORM NO. 2. MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
W1 N. McCaw, of Columbia.